

## Housing Opportunities for Persons with AIDS (HOPWA) Agency Monthly Progress Report

This Monthly Progress Report (MPR) must be submitted monthly by the 5th day of each calendar month for the preceding calendar month, according to your contract. Your Requests for Payment will not be processed until we receive this report. The information furnished to the City will be used to meet HUD's reporting requirements, measure the progress of the project, evaluate the project's impact, and exercise general monitoring of the project. This report refers only to projects using HOPWA funds.

Please type or print the information and submit it to: **J. M. Allen, HOPWA & Homeless Programs Manager; City of Houston, Housing & Community Development Department, Post Office Box 1562, Houston, Texas 77251-1562; or it may be hand delivered to 601 Sawyer, 2nd Floor, Suite 204.** A copy may be faxed to (713) 868-8451, with hard copy to follow by mail.

For your convenience, this form is also available on a 3.5" disk in Microsoft Word 97 for Windows.

Agency Name and Address	Report Dates						
				to			
	month	day	year		month	day	year

*I hereby certify that all information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012, 31U.S.C. 3729, 3802)*

Name & Title of Authorized Official	Signature & Date	
Name & Title of person who can answer questions about this report	Phone number / fax number	
Contract Number		

### Type of Services

- |                             |                          |  |                          |
|-----------------------------|--------------------------|--|--------------------------|
| Facility Based Housing Only | <input type="checkbox"/> | Facility Based Housing & Supportive Services | <input type="checkbox"/> |
| Scattered Site Housing Only | <input type="checkbox"/> | Scattered Site Housing & Supportive Services | <input type="checkbox"/> |
| Supportive Services Only    | <input type="checkbox"/> |  |                          |

### Number of Persons Benefiting from Service(s)

Proposed Number Benefiting from Activity <i>(As stated in Contract)</i> _____	Actual Number Benefiting from Activity <i>(Served under contract to-date)</i> _____
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<b>Facility Based Housing Only</b> <b>Facility Based Housing and Supportive Services</b>
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## Part 1 Demographics

### Exhibit A: Number of Persons Assisted with HOPWA Funds

1. Persons Assisted with Housing Assistance. In the table below, enter the number of persons to whom your agency supplied housing assistance. List both 1) clients served during the current reporting period, 2) annual clients served during this fiscal year (7/1/01-6/30/02) and, 3) clients served during your contract term for this month to-date. **“Contract Term” for reporting purposes is each 12-month period that your contract is in effect.** Your contract term starts at the time the contract is countersigned by the Controller’s Office (*see contract’s “time of performance”*).

Persons Assisted with Housing Assistance						
Current Month		Annual		Contract Term		
A	B	C	D	E	F	
Previously Served Clients	New, Unduplicated Clients*	Previously Served Clients	Total Annual Clients Served (B+C)	New Unduplicated Clients Served	Total Unduplicated Clients Served	
a. Number of persons (adults and children) with HIV/AIDS who received housing assistance						
b. Number of persons in family units who received housing assistance						
c. Total of persons who received housing assistance (a. plus b.)*						

\* Note that this number will be the basic participation number used for reporting other program information throughout the report, including the characteristics of persons assisted (Exhibit B).

2. **Persons Assisted with Supportive Services Only.** In the table below, enter the number of persons who received only supportive services funded by HOPWA during the month. Do not include persons who received supportive services in conjunction with housing assistance (1-c. above).

Persons Assisted with Supportive Services Only						
A	B	C	D	E	F	
a. Number of persons (adults and children) with HIV/AIDS who received housing assistance						
b. Number of persons in family units who received housing assistance						
c. Total of persons who received housing assistance (a. plus b.)*						

**3. Families Assisted with Housing Assistance and Supportive Services.** Of the total of persons assisted with housing assistance and supportive services (1 and 2 above), how many family units were assisted (do not include single person households).

*Definition of "Family": Family means a household composed of two or more persons. The term "family" also includes one or more eligible persons living with another person or persons who are determined to be important to their well being, and the surviving member(s) of any daily described in this definition who were living in a unit assisted under the HOPWA program with the person with AIDS at the time of his or her death. [Section 574.3]*

Families Assisted with Housing Assistance and Supportive Services						
Current Month		Annual		Contract Term		
A	B	C	D	E	F	
Previously Served Clients	New, Unduplicated Clients*	Previously Served Clients	Total Annual Clients Served (B+C)	New Unduplicated Clients Served This Month	Total Unduplicated Clients Served To Date	
Total of family unites assisted with housing assistance						
Total of family units assisted with supportive services only						

**4. Persons Receiving Housing Information Services.** Enter the estimated number of persons who received housing information services funded by HOPWA during the month. This number may include persons also reported above (1, 2, and 3).

Persons Receiving Housing Information Services						
Current Month		Annual		Contract Term		
A	B	C	D	E	F	
Estimated total of persons receiving housing information services						

Agency & Date: \_\_\_\_\_

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## Exhibit B: Characteristics of Persons Receiving Housing Assistance this Month

Throughout this exhibit answer all questions regarding persons receiving HOPWA housing assistance during the month (i.e., persons reported in Exhibit A-1). Do not include information on persons only provided with supportive services or housing information.

\*The tables on this page refer to new, unduplicated clients as stated under “B(c) 1. Persons Assisted with Housing Assistance.”

### 1. Demographics.

**a. Age and gender.** Of those who received housing assistance during the month, how many are in the following age and gender categories?

	Current Month		Annual		Contract Term	
Age	male	female	male	female	male	female
a. 17 years and under						
b. 18 to 30 years						
c. 31 to 50 years						
d. 51 years and older						
TOTAL						

**b. Race and/or Ethnicity.** How many participants are in the following racial categories?

	Current Month	Annual	Contract Term
a. Asian/Pacific Islander			
b. Black (Non-Hispanic)			
c. Hispanic			
d. Native American or Alaskan Natives			
e. White (Non-Hispanic)			
TOTAL			

**c. Female Headed Households.** How many households are in this category?

	Current Month	Annual	Contract Term
Female Headed Households			

**d. Recent living situation.** How many participants were in the following living situations immediately prior to entering the program? Include participants in the one category that best describes the participant’s most recent living situation.

	Current Month	Annual	Contract Term
a. Homeless from the streets			
b. Homeless from emergency shelters			
c. Transitional housing			
d. Psychiatric facility*			
e. Substance abuse treatment facility*			
f. Hospital or other medical facility*			
g. Jail/prison*			
h. Domestic violence situation			
i. Living with relatives/friends			
j. Rental housing			
k. Participant-owned housing			
l. Other (please specify):			
TOTAL			

\* If a participant or family head(s) of household came from one of these facilities but were there less than 30 days and were living on the street or in an emergency shelter before entering the treatment facility, they should be counted in either the street or shelter category, as appropriate.

**2. Incomes.** For those receiving housing assistance, enter the number of individuals and family units falling under these income categories at the time of their entry into the program.

	Current Month	Annual	Contract Term
Total Low/Mod Beneficiaries			
Total Low-Income Beneficiaries			
Total Extremely Low-Income			

**Gross Monthly Income at Entry in Program** (The total for this element may differ from the total in Exhibit A1.)

Number of individuals and family units	\$0-250	\$251-500	\$501-1000	\$1001-1500	\$1501-2000	\$2001 +
<b>Current Month</b>						
<b>Annual</b>						
<b>Contract Term</b>						

**3. Reasons for Leaving.** Of those who left a program that provided housing assistance during the month *and are not expected to return* (do not include, for example, participants who temporarily left their housing for a brief period of hospitalization), complete the chart below based on how long they were in the program before leaving and the primary reason for leaving the program. If a participant left for multiple reasons, *include only the primary reason* for their departure.

	Number of Months in Program											
Reason for leaving	less than 3			3 to 6			7 to 12			more than 12		
	Current Month	Annual	Contract Term	Current Month	Annual	Contract Term	Current Month	Annual	Contract Term	Current Month	Annual	Contract Term
a. Voluntary departure												
b. Nonpayment of rent												
c. Noncompliance with supportive service requirements												
d. Unknown/Disappeared												
e. Criminal activity/destruction of property/violence												
f. Death												
g. Other (please specify)												

**Part 2 Housing Provided**  
**Exhibit C: Units of Housing Assistance.**

For housing assistance provided in facilities, including project-based rental assistance, complete the following information.

**Units by type of housing facility.** Report the number of units that were used during the month by number of bedrooms. Enter the number of units of project-based rental assistance under the appropriate type of facility.

Units by Number of Bedrooms

<b>Current Month</b>							
Type of housing facility	SRO	0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Short-term facility							
b. Single room occupancy dwelling							
c. Community residence							
d. Other housing facility (specify):							
<b>Annual</b>							
Type of housing facility	SRO	0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Short-term facility							
b. Single room occupancy dwelling							
c. Community residence							
d. Other housing facility (specify):							
<b>Contract Term</b>							
Type of housing facility	SRO	0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Short-term facility							
b. Single room occupancy dwelling							
c. Community residence							
d. Other housing facility (specify):							

Date of Closing/Lease Execution: \_\_\_\_\_  
Date of New Construction/Rehabilitation: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Date Operations Staff Was Hired: \_\_\_\_\_  
Date Residents Began to Occupy: \_\_\_\_\_  
Date Supportive Services Began: \_\_\_\_\_

Agency & Date: \_\_\_\_\_

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**Supportive Services Only**  
**Scattered Site Housing Only**  
**Scattered Site Housing and Supportive Services**

**Part 1 Demographics**
**Exhibit A: Number of Persons Assisted this Month with HOPWA Funds**

**1. Persons Assisted with Housing Assistance.** In the table below, enter the number of persons to whom your agency supplied housing assistance. List both 1) clients served during the current reporting period, 2) annual clients served during this fiscal year (7/1/01-6/30/02) and, 3) clients served during your contract term for this month to-date. **“Contract Term” for reporting purposes is each 12-month period that your contract is in effect.** Your contract term starts at the time the contract is countersigned by the Controller’s Office (*see contract’s “time of performance”*).

Persons Assisted with Housing Assistance						
Current Month		Annual		Contract Term		
A	B	C	D	E	F	
Previously Served Clients	New, Unduplicated Clients*	Previously Served Clients	Total Annual Clients Served (B+C)	New Unduplicated Clients Served	Total Unduplicated Clients Served	
a. Number of persons (adults and children) with HIV/AIDS who received housing assistance						
b. Number of persons in family units who received housing assistance						
c. Total of persons who received housing assistance (a. plus b.)*						

\* Note that this number will be the basic participation number used for reporting other program information throughout the report, including the characteristics of persons assisted (Exhibit B).

**2. Persons Assisted with Supportive Services Only.** In the table below, enter the number of persons who received only supportive services funded by HOPWA during the month. Do not include persons who received supportive services in conjunction with housing assistance (1-c. above).

Persons Assisted with Supportive Services Only						
A	B	C	D	E	F	
a. Number of persons (adults and children) with HIV/AIDS who received housing assistance						
b. Number of persons in family units who received housing assistance						
c. Total of persons who received housing assistance (a. plus b.)*						

**3. Families Assisted with Housing Assistance and Supportive Services.** Of the total of persons assisted with housing assistance and supportive services (1 and 2 above), how many family units were assisted (do not include single person households).  
*Definition of "Family": Family means a household composed of two or more persons. The term "family" also includes one or more eligible persons living with another person or persons who are determined to be important to their well being, and the surviving member(s) of any daily described in this definition who were living in a unit assisted under the HOPWA program with the person with AIDS at the time of his or her death. [Section 574.3]*

	<b>Families Assisted with Housing Assistance and Supportive Services</b>					
	<b>Current Month</b>		<b>Annual</b>		<b>Contract Term</b>	
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	Previously Served Clients	New, Unduplicated Clients*	Previously Served Clients	Total Annual Clients Served (B+C)	New Unduplicated Clients Served This Month	Total Unduplicated Clients Served To-Date
Total of family units assisted with housing assistance						
Total of family units assisted with supportive services only						

**4. Persons Receiving Housing Information Services.** Enter the estimated number of persons who received housing information services funded by HOPWA during the month. This number may include persons also reported above (1, 2, and 3).

	<b>Persons Receiving Housing Information Services</b>					
	<b>Current Month</b>		<b>Annual</b>		<b>Contract Term</b>	
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
Estimated total of persons receiving housing information services						



## Exhibit B: Characteristics of Persons Receiving Housing Assistance this Month

Throughout this exhibit answer all questions regarding persons receiving HOPWA housing assistance during the month (i.e., persons reported in Exhibit A-1). Do not include information on persons only provided with supportive services or housing information.

\*The tables on this page refer to new, unduplicated clients as stated under “B(c) 1. Persons Assisted with Housing Assistance

### 1. Demographics.

**a. Age and gender.** Of those who received housing assistance during the month, how many are in the following age and gender categories?

Age	Current Month		Annual		Contract Term	
	male	female	male	female	male	female
a. 17 years and under						
b. 18 to 30 years						
c. 31 to 50 years						
d. 51 years and older						
TOTAL						

**b. Race and/or Ethnicity.** How many participants are in the following racial categories?

	Current Month	Annual	Contract Term
a. Asian/Pacific Islander			
b. Black (Non-Hispanic)			
c. Hispanic			
d. Native American or Alaskan Natives			
e. White (Non-Hispanic)			
TOTAL			

**c. Female Headed Households.** How many households are in this category?

	Current Month	Annual	Contract Term
Female Headed Households			

**d. Recent living situation.** How many participants were in the following living situations immediately prior to entering the program? Include participants in the one category that best describes the participant’s most recent living situation.

	Current Month	Annual	Contract Term
a. Homeless from the streets			
b. Homeless from emergency shelters			
c. Transitional housing			
d. Psychiatric facility*			
e. Substance abuse treatment facility*			
f. Hospital or other medical facility*			
g. Jail/prison*			
h. Domestic violence situation			
i. Living with relatives/friends			
j. Rental housing			
k. Participant-owned housing			
l. Other (please specify):			
TOTAL			

\* If a participant or family head(s) of household came from one of these facilities but were there less than 30 days and were living on the street or in an emergency shelter before entering the treatment facility, they should be counted in either the street or shelter category, as appropriate

**2. Incomes.** For those receiving housing assistance, enter the number of individuals and family units falling under these income categories at the time of their entry into the program.

	Current Month	Annual	Contract Term
Total Low/Mod Beneficiaries			
Total Low-Income Beneficiaries			
Total Extremely Low-Income			

**Gross Monthly Income at Entry in Program** (The total for this element may differ from the total in Exhibit A1.)

Number of individuals and family units	\$0-250	\$251-500	\$501-1000	\$1001-1500	\$1501-2000	\$2001 +
<b>Current Month</b>						
<b>Annual</b>						
<b>Contract Term</b>						

**3. Reasons for Leaving.** Of those who left a program that provided housing assistance during the month *and are not expected to return* (do not include, for example, participants who temporarily left their housing for a brief period of hospitalization), complete the chart below based on how long they were in the program before leaving and the primary reason for leaving the program. If a participant left for multiple reasons, *include only the primary reason* for their departure.

Reason for leaving	Number of Months in Program											
	less than 3			3 to 6			7 to 12			more than 12		
	Current Month	Annual	Contract Term	Current Month	Annual	Contract Term	Current Month	Annual	Contract Term	Current Month	Annual	Contract Term
a. Voluntary departure												
b. Nonpayment of rent												
c. Noncompliance with supportive service requirements												
d. Unknown/Disappeared												
e. Criminal activity/destruction of property/violence												
f. Death												
g. Other (please specify)												

**Part 2 Housing Provided**  
**Exhibit C: Units of Housing Assistance.**

For housing assistance payments, complete the following information.

**Units by type of housing assistance payment.** Report the number of units that were used during the program year by number of bedrooms. Count each unit assisted as one entry regardless of the number of monthly payments made for that unit.

Units by Number of Bedrooms

<b>Current Month</b>							
Type of housing assistance payment	SRO	0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Tenant-based rental assistance							
b. Short-term rent, mortgage and utility payments							
<b>Annual</b>							
Type of housing assistance payment	SRO	0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Tenant-based rental assistance							
b. Short-term rent, mortgage and utility payments							
<b>Contract Term</b>							
Type of housing assistance payment	SRO	0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Tenant-based rental assistance							
b. Short-term rent, mortgage and utility payments							

DATE PAYMENTS BEGAN (MM/DD/YY): \_\_\_\_\_

DATE SUPPORTIVE SERVICES BEGAN(MM/DD/YY):\_\_\_\_\_

Agency & Date: \_\_\_\_\_

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### Part 3 Program Expenditures

Expenditures are amounts spent for eligible activities. Do not include non-HOPWA sources or in-kind items, such as the value of services or materials provided by volunteers or by other individuals or organizations.

#### Exhibit D: Summary of Program Expenditures.

This exhibit will provide information about available HOPWA funds and HOPWA expenditures for the program during the reporting period.

HOPWA FUNDING AVAILABLE	
1. Amount of HOPWA Funds appropriated under the contract.	
2. Total HOPWA program income (e.g. rental income) received prior to this month.	
3. Program income received this month.	
4. Total of HOPWA funds available during the contract period [sum of lines (1 thru 3)]	

SITE AND SUPPORTIVE SERVICES EXPENDITURES							
EXPENDITURE	MONTHLY			FISCAL YEAR-TO-DATE			CONTRACT TERM
	SITE EXPENDITURES						
HOPWA EXPENDITURES (Totals by Eligible Activity)	Amount	Program Income	# Persons	Amount	Program Income	# Persons	# Persons
5. Housing Information Services							
6. Resource Identification							
7. Administrative Costs							
8. SITE EXPENDITURES (Housing Assistance)	Amount	Program Income	# Persons	Amount	Program Income	# Persons	# Persons
Acquisition							
Lease							
Operating Costs							

EXPENDITURE	MONTHLY			FISCAL YEAR-TO-DATE			CONTRACT TERM
1. SITE EXPENDITURES Continued (Housing Assistance)	Amount	Program Income	# Persons	Amount	Program Income	# Persons	# Persons
Rehabilitation/Conversion/Repair							
New Construction ( <i>Community Residences/SRO Dwellings Only</i> )							
Project-Based Rental Assistance ( <i>Project Site</i> )							
Tenant-Based Rental Assistance ( <i>Scattered-Site</i> )							
Short-term Rent, Mortgage and Utilities Assistance							
Technical Assistance ( <i>Community Residences Only</i> )							
Other (Describe)							
8. Subtotal							

1. Homeless from the streets
2. Homeless from shelters
3. Transitional housing facility
4. Psychiatric facility\*
5. Substance abuse treatment facility\*
6. Hospitals or medical facility\*
7. Jail or prison\*
8. Domestic violence situation
9. Living with relative or friend
10. Rental Housing
11. Participant-owned housing
12. Other; specify type

***\*If a person (from Exhibit A) came from a treatment facility but they were there less than 30 days and were in another living situation before they entered the treatment facility, they should be counted as though they were still in the prior living situation.***

***10. Enter date participant or family ended program participation.***

***11. When the participant or family left the HOPWA assisted program, what was the primary reason for the departure and how long were they in the program. Enter the code and number of months in the program, less than 3, 3-6, 7-12, 12+ months, which indicates:***

- A. Voluntary departure***
- B. Non-payment of rent***
- C. Non-compliance with supportive service requirements***
- D. Unknown/disappeared***
- E. Criminal activity/destruction of property/violence***
- F. Death***
- G. Other (please specify)***

***12. Enter the type of housing facility and unit size by number of bedroom used. Count each family unit as a single entry. Enter the code which indicates type and number of bedrooms as SRO, 0, 1, 2, 3, 4, or 5+.***

- A. Short-term facility***
- B. Single room occupancy (SRO) dwelling***
- C. Community Residence***
- D. Other housing facility (please specify)***

***13. Enter the type of housing assistance payment and unit size by number of bedrooms used. Enter the code which indicates the type and unit size by number of bedrooms as SRO, 1, 2, 3, 4, 5+.***

- A. Tenant-based rental assistance***
- B. Short-term rent, mortgage, and utility payments***

***14. Enter other information as necessary.***